

APPENDIX I

PESTICIDE APPLICATION AND NOTIFICATION REQUIREMENTS FOR TRIALS CONDUCTED OFF UNIVERSITY PROPERTY

At least 24 hours prior to commencement of any experimental pesticide trial on property not owned or controlled by the University, submit this completed form to the local county agricultural commissioner and grower.

County _____

Research Supervisor

Grower

Name: _____

Address: _____

Phone: _____

QAC Certificate Number (of supervisor of application) _____

Pesticides to be applied, including product name, chemical name, experimental number, or U.S. EPA registration number, as appropriate: (Attach list if needed)

Location of trial and site identification number: _____

Size of trial: _____

Commodity to be treated: _____

Anticipated dates of first and last applications: _____

Intended crop disposition:

_____ Harvest - Crop can enter channels of trade

_____ Destroy crop or use for research purposes only

_____ Non-crop use or non-bearing crop -
no crop disposition is necessary

Date of anticipated harvest or destruction of treated commodity: _____

Signature of Supervisor of Research Trial _____ DATE _____

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